



APPLICATION FOR SAMARTH REGISTRATION [REGULAR EMPLOYEE]

NAME* (In Block Letters) [Prof./Dr./Mr./Mrs.]	
I CARD NUMBER*	
GENDER*	
CASTE/CATEGORY*	
EMAIL ID*	
MOBILE NUMBER*	
DEPARTMENT/SECTION*	
DESIGNATION*	
TYPE OF EMPLOYEE* (Please Tick <input checked="" type="checkbox"/>)	TEACHING <input type="checkbox"/> NON-TEACHING <input type="checkbox"/>

* All fields are mandatory. Forms with incomplete fields shall not be considered.

Signature of the Employee
Date:

Remarks from the Head of the Department/Section

Signature of the Head with Date

Certificate Regarding Admissibility

Certified that Prof./Dr./Mr./Mrs. _____ has applied for SAMARTH Registration and the particulars provided above have been verified with the Service Book and are found to be in order.

Signature of the Competent Authority